Fiscal Edit Criteria Proposal

Drug/Drug Class:	**Dose Optimization Fiscal Edit**
Prepared for:	Missouri Medicaid
Prepared by:	Heritage Information Systems, Inc.

☒ **New Criteria**   ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	Reduces the utilization of drug therapies that comprise of multiple units of lower strength dosage forms, when single units of higher strength dosage forms deliver the same drug therapy, with lower cost to the program.
Why was this Issue Selected:	Cost savings can be achieved without recommending changes to the prescribed drug or the daily dose through optimization of the drug. Identifying situations where lower strength combination products are more costly per day than selecting the single-unit, higher-strength form of the same product. We will not require pill splitting.

Program-specific information:	Drug	Claims	Expense
	NA	*NA*	*NA*

Setting & Population:	Patients with prescription claims of drug products under review.

Type of Criteria:

☐ **Increased risk of ADE**   ☐ **Non-Preferred Agent**

☒ **Effectiveness**   ☐

Data Sources: ☐ **Only administrative databases**   ☐ **Databases + Prescriber-supplied**

Approval Criteria

See current listing at http://www.dss.state.mo.us/dms/dated/doseoptprod.pdf

Denial Criteria

Initial claim for the edited product that exceeds the daily limitation will post an informational edit to alert the pharmacy provider of the DOSE OPTIMIZATION EDIT. Subsequent claims consisting of the same therapy and submitted after the **first** one will post a denial.

Required Documentation

Laboratory results: ☐   Progress notes: ☐

MedWatch form: ☐

Disposition of Edit

- **Informational:** Exception 234 "Dose Optimization" (For First Claim Only)
- **Denial:**   Exception 234 "Dose Optimization" (For all Subsequent Claims for the same drug. Same strength, and same dosage form)

Client Approval

Please have an authorized representative execute this edit criteria verifying receipt by the client and that all elements contained herein are understood.

Client Name: _____

Signature: _____

Date: _____